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FILING DATE CONFIRMATION NO. APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 07/16/2003 9511-104-27 CONT 7322 10/610 426 Kevin I Tracev

TITLE OF INVENTION: GUANYLHYDRAZONES USEFUL FOR TREATING DISEASES ASSOCIATED WITH T CELL ACTIVATION

| APPLN. TYPE   | SMALL ENTITY               | ISSUE FEE DUE         | PUBLICATION FEE DUE   | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE             |  |  |
|---|----------------------------|-----------------------|---|----------------------|------------------|----------------------|--|--|
| nonprovisional  | YES                        | \$755                 | \$300   | \$0                  | \$1055           | 04/26/2010           |  |  |
| EXAMINER  |                            | ARTUNIT               | CLASS-SUBCLASS  | ]                    |                  |                      |  |  |
| JAGOE,  | ONNA A 1619 514-632000     |                       |   |                      |                  |                      |  |  |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1,363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. |                            |                       | For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,   |                      | John K.          | John K. Pike         |  |  |
|   |                            |                       |   |                      | Law Office       | Law Office of        |  |  |
| _   | dication (or "Fee Address  | " Indication form     | (2) the name of a single firm (having as a member a<br>registered attorney or agent) and the names of up to<br>2 registered patent attorneys or agents. If no name is<br>listed, no name will be printed. |                      | p to             | 2 John K. Pike, PLLC |  |  |
| PTO/SB/47; Rev 03<br>Number is required   | -02 or more recent) attach | ed. Use of a Customer |   |                      | ic is 3          | 3                    |  |  |
| 3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |                            |                       |   |                      |                  |                      |  |  |

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cytokine PharmaSciences, Inc. King of Prussia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🖵 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed.

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5. Change in Entity Status (from status indicated above)

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /John K. Pike, Reg. No. 41,253/ April 26, 2010

Date Typed or printed name John K. Pike 41,253 Registration No.

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